

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **85**  
Registered No. **201**

## 1. PLACE OF BIRTH

County **Yuma** State **Ariz.**  
Township **Miami**  
City **2 West Lake Park**

2. Full name of child **Concepcion Rosa Renteria**  
(If child is not yet named, make supplemental report, as directed)

3. Sex **Female** If plural births **1** 4. Twin, triplet, or other **1** 5. Number, in order of birth **1** 6. Premature **No** 7. Date of birth **Sept 4, 1923**  
(Month, day, year)

9. Full name of FATHER **Andreas Renteria** 18. Full name of MOTHER **Elena Sar Kayan**

10. Residence (usual place of birth) **Miami** 19. Residence (usual place of birth) **Miami**  
(If nonresident, give place and State)

11. Color **Mex** 12. Age at last birthday **15** (Years) 20. Color **Mex** 21. Age at last birthday **17** (Years)

13. Birthplace (city or place) **Mexico** 22. Birthplace (city or place) **Bay**  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work <b>1923</b>	25. Date (month and year) last engaged in this work <b>1923</b>
17. Total time (years) spent in this work <b>19</b>	26. Total time (years) spent in this work <b>19</b>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **0**

28. If stillborn, period of gestation **9 months** 29. Cause of stillbirth **Before labor**  
(months or weeks)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **7 Cal** at **7 Cal** m. on the date above stated  
(Born alive or dead)

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

Given name added from a supplemental report **391-904-525** (Date of) **10/10/23**  
Registrar **W. H. ...**

MARGIN RESERVED FOR BANDING  
NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of in order of birth stated.